

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

|   |  |  |                             |   |                             |
|---|--|--|-----------------------------|---|-----------------------------|
| 1. NAME (Last, first, middle initial)<br>SMITH, OLIVER  |  | 2. DEPARTMENT, COMPONENT AND BRANCH<br>ARMY/RA   |                             | 3. SOCIAL SECURITY NO.<br>[REDACTED]  |                             |
| 4. a. GRADE, RATE, OR RANK<br>SPC   |  | 4. b. PAY GRADE<br>E4  |                             | 5. DATE OF BIRTH (YYYYMMDD)<br>19690312   |                             |
| 7. a. PLACE OF ENTRY INTO ACTIVE DUTY<br>PHILADELPHIA, PA   |  | 7. b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)<br>[REDACTED] |                             |   |                             |
| 8. a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br>0063 EN CO      CBT SPT EQUIP FC  |  | 8. b. STATION WHERE SEPARATED<br>FORT BENNING, GA 31905  |                             |   |                             |
| 9. COMMAND TO WHICH TRANSFERRED<br>USAR CTR/LGP (ANLNG) ARPERCEN, 9700 PAGE BLVD, ST LOUIS MO 63132   |  |  |                             | 10. SGLI COVERAGE <input type="checkbox"/> None<br>Amount: \$ 200,000.00                                  |                             |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)<br>51K10 00 PLUMBER--1 YRS-11 MOS//62B10 00<br>CONST EQUIP REP--1 YRS-11 MOS//NOTHING<br>FOLLOWS |  | 12. RECORD OF SERVICE  |                             |   |                             |
|   |  | Year(s)      Month(s)      Day(s)  |                             |   |                             |
|   |  | a. Date entered AD This Period      1993      01      12   |                             |   |                             |
|   |  | b. Separation Date This Period      1995      02      15   |                             |   |                             |
|   |  | c. Net Active Service This Period      0002      01      04  |                             |   |                             |
|   |  | d. Total Prior Active Service      0000      04      10  |                             |   |                             |
|   |  | e. Total Prior Inactive Service      0000      00      00  |                             |   |                             |
|   |  | f. Foreign Service      0000      00      00   |                             |   |                             |
|   |  | g. Sea Service      0000      00      00   |                             |   |                             |
|   |  | h. Effective Date of Pay Grade      1993      01      12   |                             |   |                             |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)<br>NATIONAL DEFENSE SERVICE MEDAL//ARMED FORCES EXPEDITIONARY MEDAL//ARMY SERVICE RIBBON//UNITED NATIONS MEDAL//NOTHING FOLLOWS                      |  |  |                             |   |                             |
| 14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)<br>PLUMBER, 7 WEEKS, 1993//NOTHING FOLLOWS  |  |  |                             |   |                             |
| 15. a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM  |  | Yes <input checked="" type="checkbox"/>  | No <input type="checkbox"/> | 15. b. HIGH SCHOOL GRADUATE OR EQUIVALENT   |                             |
|   |  | <input checked="" type="checkbox"/>  |                             | Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/> |
|   |  |  |                             | 16. DAYS ACCRUED LEAVE PAID<br>34.5   |                             |
| 17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION   |  |  |                             | Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/> |
| 18. REMARKS<br>DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS            |  |  |                             |   |                             |
| 19. a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)<br>[REDACTED]  |  |  |                             | 19. b. NEAREST RELATIVE (Name and address - include Zip Code)<br>MONIQUE R SMITH<br>[REDACTED]            |                             |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO: DA <input type="checkbox"/> O or VET. AFFAIRS <input checked="" type="checkbox"/> V <input type="checkbox"/> M <input type="checkbox"/> N  |  |  |                             | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)<br>JAMES H. MULLERAN SFC CAPTAIN |                             |
| 21. SIGNATURE OF MEMBER BEING SEPARATED<br>[Signature]  |  |  |                             |   |                             |

## SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)


|   |  |   |  |
|---|--|---|--|
| 23. TYPE OF SEPARATION<br>RELEASE FROM ACTIVE DUTY                  |  | 24. CHARACTER OF SERVICE (Include upgrade)<br>HONORABLE |  |
| 25. SEPARATION AUTHORITY<br>AR 635-200, PARA 16-5A                  |  | 26. SEPARATION CODE<br>KGF                              |  |
| 27. NARRATIVE REASON FOR SEPARATION<br>NON-RETENTION ON ACTIVE DUTY |  | 27. REENTRY CODE<br>3                                   |  |
| 29. DATES OF TIME LOST DURING THIS PERIOD<br>NONE                   |  | 30. MEMBER REQUESTS COPY 4<br>[Signature] Initials      |  |

Commander, 2d Mobile Army Surgical Hospital, Fort Benning, GA 31905  
23 January 1995

FOR Commander, United States Army Infantry Center, ATTN:  
ATZB-AG-TC, Fort Benning, GA 31905

1. SPC Smith's request for separation under the provisions of AR 635-200, Chapter 16, para 16-5b(1), is approved.
2. Pursuant to the authority granted me in AR 635-200, para 1-21, I direct:
  - a. That SPC Smith be discharged at the earliest possible date prior to the expiration of his term of service based on the documents presented to me which indicate that this soldier is eligible for separation under these provisions.
  - b. That SPC Smith's current term of service be characterized as honorable as required by AR 635-200, para 16-5b(1).
  - c. That SPC Smith receive an honorable discharge certificate.
3. SPC Smith will be transferred to the Individual Ready Reserve (IRR).
4. Disposition of these proceedings will be made IAW AR 635-200, para 1-15.

Encls  
nc

  
EDWARD S. CROSBIE  
LTC, MS  
Commanding



# PERSONNEL ACTION

For use of this form, see DA Form 800-1 and AG 44-1. This document is not to be processed by the Privacy Act.

## DATA REQUIRED BY THE PRIVACY ACT

Authority: Title 5, section 3012; Title 10, U.S.C. E.O. 9397. Principal Purpose: Use by service member in accordance with DA Pamphlet 600-8 when requesting a personnel action on his/her own behalf (Section III). Routine Uses: To initiate the processing of a personnel action being requested by the service member; Disclosure: Voluntary. Failure to provide Social Security Number may result in a delay or error in processing of the request for personnel action.

|  |  |  |
|--|--|--|
| <b>THRU: (Include ZIP Code)</b><br><b>TAGPA</b><br>Dept of Military Affairs<br>ATTN: MP-SIB<br>Annville, PA 17003-5002 | <b>TO: (Include Zip Code)</b><br><b>TAGPA</b><br>Dept of Military Affairs<br>ATTN: MP-PSC<br>Annville, PA 17003-5002 | <b>FROM: (Include ZIP Code)</b><br>Co-3833<br>2700 S<br>Philade<br>199 |
|--|--|--|

## SECTION I - PERSONAL IDENTIFICATION

|  |  |              |
|--|--|--------------|
| <b>NAME (Last, first, MI)</b><br>Smith, Oliver | <b>GRADE OR RANK/AFMOS (Enl only)</b><br>E-3/PFC | <b>62B10</b> |
|--|--|--------------|

## SECTION II - DUTY STATUS CHANGE (Proc 9-1, DA Pam 600-8)

The above member's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours \_\_\_\_\_ 19 \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

request the following action:

| TYPE OF ACTION                     | Procedure | TYPE OF ACTION                                 | Procedure |
|------------------------------------|-----------|--|-----------|
| Service School (Enl only)          |           | Reassignment Married Army Couples              |           |
| ROTC or Reserve Component Duty     |           | Reclassification                               |           |
| Volunteering For Overseas Service  |           | Officer Candidate School                       |           |
| Ranger Training                    |           | Assign of Pers with Exceptional Family Members |           |
| Reassign Extreme Family Problems   |           | Identification Card                            |           |
| Exchange Reassignment (Enl only)   |           | Identification Tags                            |           |
| Airborne Training                  |           | Separate Rations                               |           |
| Special Forces Training/Assignment |           | Leave - Excess/Advance/Outside CONUS           |           |
| On-the-Job Training (Enl only)     |           | Change of Name/SSN/DOB                         |           |
| Restating in Army Personnel Texts  |           | Other (Specify) <b>Advancement to E-4</b>      |           |

SIGNATURE OF MEMBER (When required)

DATE

## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

You are promoted to the grade of rank indicated.

Grade of rank promoted to: SPC/E4

Date of rank: 3 Oct 92

Effective date: 3 Oct 92

Authority: NGR 600-200, Para 6-20b

Additional instructions: Assigned to Para 410 Line 08 MTOE: 63035LNG02  
 Promotion is not valid and will not be effective if the soldier is not in a promotable status on the effective date of the promotion.

Format: 302

THIS IS A CERTIFIED TRUE PROMOTION COPY.

*Christine R. Graves*  
 CHRISTINE R. GRAVES  
 SSG, PAARNG  
 UNIT CLERK

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

Verify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein

☐ HAS BEEN VERIFIED

☒ IS APPROVED

☐ RECOMMEND APPROVAL

☐ IS DISAPPROVED

☐ RECOMMEND DISAPPROVAL

MANDATOR/AUTHORIZED REPRESENTATIVE

CHARLES J. MASON  
 1PT, OD, Commanding

SIGNATURE

*Charles J. Mason*

DATE

3 October 1992

# Progress Notes

Printed On May 20, 2021

Expr:09-14-11

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Active Non-VA Meds

=====

1) IBUPROFEN TAB

Dose: 400MG

Med Route: MOUTH

Schedule: AS NEEDED

MEDICATIONS (NON VA):

ALLERGIES: SEASONAL ALLERGIES, ANIMALS, NUTS

MILITARY HISTORY: The veteran enlisted in National guard April 1991 and had a second enlistment in January 1993 for active duty. He reentered National Guard in 1997. He was discharged in 2000. He received honorable discharges. The veteran reports experiencing traumatic events while serving in Somalia (saw a child beaten to death by older kids over food. He says he "froze" when a 6 year old waved a weapon at him and could not bring himself to kill the kid. Later the kid shot another service man. the veteran was very tearful in discussing this, stating that it was his fault.

FAMILY HISTORY: He was raised by his great grandparents because his mother was unable to do so due to mental health problems. He says he had a twin who died at birth because the mother tried to abort them. He had a brother who died of crib birth. His great grandfather passed away when he was seven. His great grandmother died when he was 14. On the day his grandmother died, his mother threw him out the house. He has been on his own since age 14. He spent time in a group home and juvenile detention centers. He was first married when he was age 22. He had a son and daughter by that marriage. He says his wife did not keep the house nor care for the children adequately. He eventually left her and they were divorced in November 1996. He married again in November 2009. He has one child by that marriage and many stepchildren. He says she has emotional problems. They have arguments and disagreements. He left the home this week after he found her talking to other men online. He is staying at the local rescue mission at the present time.

ABUSE HISTORY: He says he was physically abused. He was beat with extension cords, hit in the head, tied up and beaten, beaten with razor straps, etc. He denies sexual abuse.

LIVING SITUATION: Veteran lives with his wife in rental property. However, he left the home temporarily to stay at the rescue mission. He says they want to get counseling to try to work out their problems.

FINANCIAL ISSUES: Receives SSI and Non-service connected Pension. He has financial stress

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

SMITH, OLIVER

VISTA Electronic Medical Documentation

Printed at CLEVELAND VAMC



# COMPASS Family and Community Services

Compass Family & Community Services

|                |                     |            |                                 |
|----------------|---------------------|------------|---------------------------------|
| Client Name:   | Oliver Smith        | Date/Time: | 10/16/2020 11:02 AM to 11:59 AM |
| Employee Name: | William Combs , LPC | Location   | Jail                            |
| D.O.B.         | 3/12/1969           |            |                                 |

## Type of Visit

Type of Visit?: In-person

## Brief Assessment

Referral Date: 10/06/2020

**Reason for Referral:** Client was referred to COMPASS by nursing due to a reported history of PTSD, and Bipolar.

### Demographic Information:

**DOB:**

3/12/1969

**Gender:**

Male

**Race:**

Black or African American

**Marital Status:**

Separated

**County of Residence:**

Mahoning

**Active at COMPASS at time of Incarceration/ Admission to CCA?:** No

**Active at another agency for MH Treatment at time of Incarceration/ Admission to CCA?:** Yes

Louis Stokes Cleveland, OH

One Stop

**Previous Mental Health Treatment?:** Both-Outpatient and Residential

Inpatient: Temple Hospital Philadelphia 2004, 2003, 2009 depression, suicidal ideations.

Outpatient: Treatment when in the military mid 90s

**Psychiatric Medications:** Over a year

**What Meds? Diagnoses?:** Does not remember/PTSD, Bipolar, Anxiety, Schizophrenia

**History of Substance Use?:** No

**Engaged in AoD Treatment at CCA/Jail?:** No

**Charge:** Felony

Weapons Under Disability/F3

# Progress Notes

Printed On May 20, 2021

## PATIENT'S STRENGTHS/ABILITIES:

Insightful - aware of illness  
Expressed desire/motivation for change  
Has supportive family and/or friends  
Has available spiritual support

## PATIENT'S BARRIERS TO CARE:

Chronic psychiatric symptoms, without remission

## INTERDISCIPLINARY INTEGRATED SUMMARY:

### Chief Complaint/Hx of Present Illness:

"I have so much stuff going on in my life right now that I am about to explode and if I explode it is going to probably be on someone who doesn't deserve it."

### Self-Care/Activities of Daily Living:

Prayer

## DISCHARGE PLANNING/CRITERIA:

Not relying on extensive inpatient or emergency services  
Independently participating in necessary treatments  
Utilizes effective coping skills

## PATIENT PARTICIPATION IN TREATMENT PLANNING:

MET WITH PROVIDER.  
VETERAN AGREED TO PLAN (draft) DISCUSSED.

## FAMILY PARTICIPATION IN TREATMENT PLANNING:

VETERAN'S FAMILY NOT AVAILABLE.

## COLLABORATION WITH OTHERS:

Other VA Services: As clinically indicated.

Parole/Probation Officer: Portage County

## MENTAL HEALTH DIAGNOSES AND RELEVANT MEDICAL CONDITIONS:

Chronic post-traumatic stress disorder (SCT 313182004)

Bipolar disorder (SCT 13746004)

Depressive disorder (SCT 35489007)

## SIGNIFICANT PSYCHOSOCIAL AND CONTEXTUAL FACTORS:

Death of a loved one  
Financial problems  
Unemployed  
Legal problems

## TREATMENT PLAN PROBLEMS/NEEDS LISTED BY PRIORITY:

### PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

SMITH, OLIVER

### VISTA Electronic Medical Documentation

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# Progress Notes

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## THERAPEUTIC INTERVENTION:

Cognitive Behavioral  
 X Supportive  
 Education

## FOCUS OF SESSION, ISSUES OF CONCERN:

The client was seen for a scheduled appointment. He was last seen by this provider in April 2013. He discussed an emotional crisis that occurred in June. At that time he had presented to mental health and was seen by a triage nurse (see progress note dated June 25, 2013). He states that the crisis involved a memory of a traumatic event in childhood involving his mother and the police. The veteran states that he has had nightmares about the incident off and on but never had a complete memory until a conversation with his mother in June. He says he now understands what happened and is dealing with it. He admits to having a lot of anger and rage at times, but generally avoids contact with others. He finds that his family is a stabilizing and motivating force for him.

We discussed how traumatic experiences can lead to suppression of emotion and memories for events. He as reminded that he has accomplished a lot in spite of his background and that his ability to study and do research have served as positive distraction. He expresses desire to continue discussing his past and work through the emotions. At the present time he appears stable and in no acute distress.

## RESPONSE TO INTERVENTION:

X Actively participated in discussion  
 X Has a better understanding of therapeutic issues  
 X Agrees to continue working towards treatment goals

## Plan:

Return for follow-up in 8 weeks  
 Provide supportive therapy  
 Process traumatic experiences as appropriate  
 Encourage use of coping strategies

/es/ MARY ANN ECHOLS

PSYCHOLOGIST

Signed: 08/30/2013 15:43

LOCAL TITLE: PATIENT RESULTS LETTER (T)

STANDARD TITLE: PRIMARY CARE LETTERS

DATE OF NOTE: AUG 14, 2013@13:00

ENTRY DATE: AUG 14, 2013@13:00:57

AUTHOR: WHITE,LISA C

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Louis Stokes  
 Cleveland Department of

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

SMITH, OLIVER

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# Progress Notes

Printed On May 20, 2021

## MENTAL STATUS:

Appearance: Casual dress, Adequate hygiene and grooming  
 Motor: No abnormal movements  
 Attitude: Polite and cooperative  
 Speech: Clear, normal rate, rhythm and volume  
 Mood: Euthymic  
 Affect: mood congruent and appropriate to conversation  
 Thought Content: No evidence of thought disorganization  
 Thought Process: Coherent, logical, not circumstantial or tangential. No  
 Flight of Ideas, Loose Associations, or Ideas of Reference  
 Cognition: Alert and Oriented X3  
 Perceptions: No hallucinations or delusions  
 Insight: Fair  
 Judgment: Fair  
 SI/HI: None

SUICIDAL/HOMICIDAL RISK: Low risk of harm to self and/or others. Veteran denied suicidal/homicidal plan or intent. Veteran was reminded to contact mental health clinic at 330-740-9200 or the crisis hotline at 1-800-273-8255 for suicidal thoughts. The Veteran was also encouraged to go to the local ER if they are having suicidal thoughts and if they feel they are unable to cope.

## FOCUS/ISSUES/CONCERNS OF THIS SESSION:

Vet reported for session as scheduled. He stated that there is nothing too stressful going on in his life right now. He discussed the progress of his sons. He feels that they should be doing more to prepare themselves for the future. This worker talked about the different stages of development that people go through. Vet was somewhat receptive. Vet identified that he has been keeping himself distracted. He explained that as long as he is focused on something specific, it keeps him from thinking about what he knows about the world. Vet has been focused on creative writing along with his music.

Vet did not report any immediate distress. Vet denies having any thoughts or plans to harm himself. He denies any thoughts to wanting to harm someone else.

## INTERVENTIONS:

Writer assessed for current mental health status and reviewed events since Veteran's last appointment. Provided reflective listening to encourage validation of feelings and demonstrate empathy.

- x Actively participated in discussion
  - Has a better understanding of therapeutic issues
  - Understood or demonstrated a new strategy/skill
  - Willing to practice discussed strategy/skill
- X Agrees to continue working towards treatment goals

## NEXT APPOINTMENT:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

SMITH, OLIVER

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# Progress Notes

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## FOCUS/ISSUES/CONCERNS OF THIS SESSION:

Vet participated in the session. He was still demonstrating some stress over the fact that his daughter had not sent his grandson here to Youngstown. He stated that daughter is having a difficult time right now. Vet stated that it is causing arguments in his home if he tries to express his opinion.

Vet continues to talk about an outlet for his anger. Vet stated that there are not many people who can relate to the information that he wants to pass on. Vet stated that he will continue to share his thoughts with others. He believes that in itself will provide an outlet. Vet denied any thoughts or plan to harm himself or others.

## INTERVENTIONS:

Writer assessed for current mental health status and reviewed events since Veteran's last appointment. Provided reflective listening to encourage validation of feelings and demonstrate empathy.

- x Actively participated in discussion
  - Has a better understanding of therapeutic issues
- x Understood or demonstrated a new strategy/skill
  - Willing to practice discussed strategy/skill
  - Agrees to continue working towards treatment goals

## NEXT APPOINTMENT:

Veteran is aware contact clinic or the Veterans Crisis Line with concerns prior to the next scheduled visit.

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